

STATE OF KANSAS
KANSAS ANIMAL HEALTH DEPARTMENT

George Teagarden, Livestock Commissioner
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www.accesskansas.org/kahd

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_____ Kansas License Number

APPLICATION FOR KANSAS PUBLIC LIVESTOCK MARKET LICENSE
RENEWAL OR TRANSFER

Requirements for licensure and penalties are found in K.S.A. Chapter 40, Article 10 as amended and supplemented. This license application is for **Fiscal Year 2005** (July 1, 2004 through June 30, 2005) and must be accompanied by a \$40 fee.

_____ Market Name _____ Phone _____

_____ Market Address _____ City _____ County _____ State _____ Zip _____

_____ Owner(s) Name _____

_____ Mailing Address if different from above _____

_____ e-mail address _____ fax number _____ cell phone # _____

Social Security Number: _____

Request for individual social security number is:

1. Voluntary
2. Made pursuant to L. 1988, Ch. 307, Sec. 1
3. Requested for individual identification purposes

Manager: _____

Operating as: Individual _____ Partnership _____ Corporation _____

Name of partners: _____

Officers of corporation: _____

President SS #

Vice President SS #

Secretary SS #

_____ Veterinarian _____ Address _____ City _____ State _____ Zip _____

Day or dates when market will be operated: _____

(Important See Other Side)

Please include the following information with your application:

1. Name and address of all persons having any financial interest in the market and amount of such interest.
2. Legal description of the real estate and complete description of facilities proposed to be used in connection with the market if any changes have been made in the last 12 months.
3. Schedule of commission charges, or copy of tariff filed with Packers and Stockyards Administration, ARS, USDA.

Signature of Applicant

Date